

**DEPARTMENT OF EMPLOYEE TRUST FUNDS  
INCOME CONTINUATION INSURANCE ADMINISTRATION MANUAL - LOCAL**

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**CHAPTER 9 — CLAIMANT CHANGE IN WORK STATUS**

- 900**    **Change in Work Status**
- 901**    **Completing the *Income Continuation Insurance Report of Employment and Earnings* (ET-5901)**
- 902**    ***Income Continuation Insurance Report of Employment and Earnings* (ET-5901)**

**900    Change in Work Status**

Employers are responsible for notifying ETF of a claimant's change in work status by completing the *Income Continuation Insurance Report of Employment* (ET-5901). Income Continuation Insurance (ICI) monthly benefit payments may be adjusted or terminated when one of the following occurs:

- Claimant returns to full-time employment.
- Claimant returns to part-time employment.
- Claimant will not be returning to work.
- Claimant's death.
- Earnings for vacation, sick leave, comp time, etc., are paid after the claimant's selected elimination period.
- Worker's compensation benefits, temporary disability benefits or back wages from compromise agreement/settlements are paid.

Resumption of part-time employment increasing to full-time employment within the same reporting period requires that employers report the:

- Start date of part-time employment,
- Amount of part-time earnings, and
- Start date of full-time employment.

Delays in submitting the *Income Continuation Insurance Report of Employment* may cause an overpayment in ICI benefits.

Special Instructions for Part-Time Employment and Worker's Compensation Temporary Benefits

An *Income Continuation Insurance Report of Employment and Earnings* must be completed and submitted to ETF after each payroll period during which an ICI claimant performed any part-time work. Hours and earnings information must be reported under "Present At Work" for part-time employment of an ICI claimant. Report vacation pay and legal holiday pay under "Paid Sick Leave, Comp. Time and Vacation After Selected Elimination Period (Local Employees Only)." Earnings are offset based on the date of the earnings check. Worker's Compensation temporary benefits are reported based on the period covered; not the Worker's Compensation check date.

**901 Completing the *ICI Report of Employment and Earnings* (ET-5901)**

Follow these instructions to complete the *ICI Report of Employment and Earnings*:

1. Enter the employee name, social security number, date of birth, employer name, and the seven-digit employer identification number in the boxes at the top of the report.
2. Check the box corresponding to the employee's change in work status and enter the effective date of change.
3. Perform the following for employees who return to part-time employment:
  - a. Attach a copy of the release to return to work.
  - b. Enter the date through which part-time work is expected to continue.
  - c. Enter percent of part-time work expressed as a percentage of full-time employment in the space provided.
  - d. Complete the table on the form at the end of each payroll period for the duration of the part-time employment. List the part-time earnings by the date of the check or wage payment. Include a breakdown of hours worked, vacation pay, and/or legal holiday pay in the "comments" section of the report.
  - e. Complete the form whenever the employee receives vacation, holiday, compensatory, or sick leave pay after the selected elimination period.
4. Date, sign and list your telephone number.
5. Send ETF a copy of the *Income Continuation Insurance Report of Employment and Earnings* using one of the following methods:
  - Fax to ETF at (608) 267-0633.
  - Mail to ETF, P.O. Box 7931, Madison WI 53707-7931.
  - E-mail ETF at [ETFWEB@etf.state.wi.gov](mailto:ETFWEB@etf.state.wi.gov).
6. Direct questions regarding claims and benefit eligibility to the third party administrator. (Refer to Subchapter 104.)

902 **Income Continuation Insurance Report of Employment and Earnings (ET-5901)**

Department of Employee Trust Funds  
P.O. Box 7931  
Madison, WI 53707-7931

**INCOME CONTINUATION INSURANCE REPORT  
OF EMPLOYMENT AND EARNINGS**

Wis. Stat. § 40.61

	Social Security Number
Employee Name (Last, First, Middle, Maiden)	Birthdate (MM/DD/CCYY)
Employer Name	Employer Number

MM/DD/CCYY

- ☐ Returned to full-time employment
- ☐ Will not be returning to work effective  
(State reason for not returning in Comments section below)
- ☐ Death                      Date of death
- ☐ Returned to part-time employment

Part-time work will continue until (attach a copy of the release to return to work)

Part-time work expressed as a percentage of full-time employment \_\_\_\_\_ %

**Check Date:**

		HOURS	GROSS EARNINGS	Claims Administrator USE ONLY:	
<b>Section A</b>	Present At Work		\$		
	Vacation Paid		\$		
	Holiday(s) Paid		\$		
	TOTAL		\$	X 75% =	\$
<b>Section B</b>	Earned Sick Leave (State Employees Only)		\$	X 100% =	\$
	Paid Sick Leave (Local Employees Only)		\$	X 100% =	\$
<b>Section C</b>	Paid vacation, holiday or comp. time after the elimination period but prior to returning to work (State and Local Employees)		\$	X 100% =	\$
<b>Section D</b>	Sick Leave Used (State Employees Only)			TOTAL ICI OFFSET	\$

Comments:

Worker's Compensation:

Date (MM/DD/CCYY)	Signature of Employer Representative	Telephone Number (      )
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Refer to instructions on the attached sheet.

ET-5901 (REV 11/2004)

Mail to: ETF, P.O. Box 7931, Madison WI 53707-7931  
FAX to: ETF (608) 267-0633  
or e-mail to ETF at: [ETFWEB@etf.state.wi.us](mailto:ETFWEB@etf.state.wi.us)